

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		12/21/55
O.I.P.E. CLASSIFIER	EW	32	1/5/60
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	LH	60105	1-19-2000

INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
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48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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